REGISTRATION FORM

ALL FIELDS REQUIRED.

Your Conference Attendance: 🖵 First Tir	ne!!! 🖵 my # year How many years have you been in the risk management profession?
First & Last Name	Title
Professional Credentials/Certifications _	
TDI License #	Entity/Employer
Work Address	City/State/Zip
E-mail	Daytime Phone
Special Needs (ADA)	
I am interested in obtaining continuing	education credit for the following: 🗖 None 🗖 HRCI 🗖 SHRM 🗖 Certified Case Manager (CCM)
Other CE I would like Texas PRIMA to co	onsider:

SIGN ME UP FOR THE TEXAS PRIMA 2024 CONFERENCE

	OCTOBER 14 OR EARLIER	OCTOBER 15 OR LATER
Public Entity	□ \$ 400	□ \$ 450
Risk Pool	□ \$ 600	□ \$ 650
Corporate	□ \$ 700	□ \$ 750
Student**	□ \$ 175	□\$200

(**Must provide proof of status) **ALL FEES INCLUDE Texas PRIMA MEMBERSHIP**

OPT OUT OF EVENTS:

If you need to miss a conference function, please let us know. This helps us plan for the proper number of guests by those not able to attend (opting-out.)

☐ Sunday – Welcome Reception	6:00 PM –	7:00 PM
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☐ Monday – Membership Lunch12:30 PM – 1:30 PM

PLEASE NOTE: Attendance at Texas PRIMA events constitutes an agreement by the attendee to Texas PRIMA's use and distribution of the attendee's images or voice in photographs and recordings of such events and activities. By providing your email address you agree to receive emails from Texas PRIMA and sponsoring organizations. Unless you inform Texas PRIMA that you object, permission is assumed.

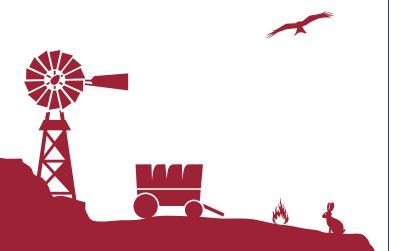
PAYMENT INFORMATION

E-MAIL: info@texasprima.org

MAIL: Register & pay by check: TEXAS PRIMA, P.O. BOX 92373, AUSTIN TX 78709

CONFERENCE REGISTRATION INCLUDES:

- Exhibit Hall & Session Access
- Welcome Reception
- Monday Night Networking & Dinner (1 ticket)
- **Sponsor Appreciation Reception**
- Monday & Tuesday Luncheons
- One-year Texas PRIMA Membership Public Entity \$75 | Risk Pool \$150 Corporate \$225 | Student \$10
- ☐ OPT ME OUT of the Texas PRIMA MEMBERSHIP (fee remains the same)



FEES DUE/SUBTOTAL

Complete this section, indicating corresponding payment amounts; enter total in TOTAL PAYMENT DUE / ENCLOSED below.

CONFERENCE REGISTRATION FEE

(from the registration option that you sel	ected)	.\$
GUEST TICKET(S) Registration includes 1 ticket to each etickets, please complete the section be	•	e to purchase guest
☐ Monday Night Networking & Dinner	\$65 each x extra tickets	\$
☐ Tuesday Awards Luncheon	\$50 each x extra tickets	\$
TOTAL PAYMENT DUE / ENCLO		
(must equal amounts indicated in fees de	\$	

SELECT PAYMENT TYPE

☐ MASTERCARD ☐ VISA ☐ A	AMEX CHECK	(For payment by check, do not staple paym	ent to form.)
Card Number:	Sec. (Code (required):	
Cardholder Phone Number _		Exp. Date	
Billing Address			
City	_State	Zip	
Name as it appears on card: _			
Cardholder Signature:			